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Bib Data Sheet

CONFIRMATION NO. 9106

SERIAL NUMBER 10/727,626	FILING DATE 12/05/2003 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 06530.0318
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/04/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	MA	DRAWING 11	CLAIMS 110	CLAIMS 9
Verified and Acknowledged <i>[Signature]</i>	Examiner's Signature <i>[Signature]</i> Initials <i>MK</i>				

ADDRESS

22852
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TITLE

Medical device with deflecting shaft and related methods of manufacture and use

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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